

# Responding to Texas' Perpetual Foster Care Crisis

Commitment Needed to Address Root Causes of the Crisis by Supporting Kids & Families Earlier

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**There is a crisis facing a small but important segment of children in the Texas foster care system with complex needs.**

**The state has failed to find safe, appropriate placements for many children with the most complex needs.** Instead of providing homes or other specialized care, DFPS sometimes places children in office space supervised by under-trained staff, puts them in out-of-state facilities, or allows children to languish in large, institutional facilities where kids too often experience more neglect and trauma, including physical or sexual abuse.

**Children may be without placement for many reasons, but most are older and have acute behavioral health concerns.** Data show a disproportionately high number of children without placement entered foster care because of their own behavioral health needs, not because of abuse or neglect (35 percent of children without placement compared to 5-7 percent of the general population). However, data shared in the federal lawsuit against the Texas foster care system suggest most children without placement entered care *without* significant behavioral health challenges. Unfortunately, amid continued trauma and instability in foster care, their needs intensified to the point where fewer providers were willing to accept them.

**Although this crisis has worsened, it is not new.** Unique challenges related to the pandemic and unsafe facility closure have exacerbated the crisis. However, Texas' lack of homes for older youth with high needs predates the 2017 session, when Governor Abbott made foster care an emergency item. Every Foster Care Needs Assessment published by DFPS since it became a requirement in 2017 reflects the ongoing need for placements for older youth or children and youth with high needs. Notably, the Legislature replaced the needs assessment with a directive to develop certain placements, including placements for children with high needs, during the 2021 Regular Session.

**Texas leaders must address the crisis facing children currently in foster care with the most complex needs.** In Bexar and Travis county, family court judges have taken the initiative to find an overlooked family member, a trained foster care family, or other appropriate placement for many of these kids. Texas leaders should replicate and support these efforts. Additionally, DFPS and state leaders need to effectively implement important reforms the Legislature passed this year, including developing treatment foster homes and implementing new quality

standards for foster care facilities. The Legislature also provided new funding for foster care providers during the second special session this year to promote effective implementation and fund other innovations.

**Policymakers must also examine strategies to strengthen the quality of care provided when children are in crisis and need short-term residential treatment.** DFPS' Qualified Residential Treatment Program (QRTP) pilot will establish a new treatment model in Texas for children with acute behavioral health needs who providers are currently reluctant to accept. However, QRTPs were not intended to be a new treatment model but a federal set of standards to incentivize best practices for large, institutional facilities serving children with high needs. In Texas, Residential Treatment Centers (RTCs) are intended to stabilize children with significant behavioral health concerns both in and out of the foster care system. However, many children in foster care who enter RTCs never successfully transition back into a family. RTCs are not currently required to comply with federal best practice standards, which include transition services that help children remain stable with family, and Texas currently has zero QRTPs. Under DFPS' current framework, in which QRTPs will be a different model of care than RTCs, Texas risks creating a two-tiered system where children with similar needs will receive different standards of care.

**Policymakers' response to this crisis must also include a new commitment to supporting children and families earlier.**

**Texas should aim for fewer children entering foster care — and fewer of those in foster care reaching this crisis point.** First, Texas should provide better support to families facing poverty or behavioral health challenges — for parents, children, or both — so fewer families experience crises that lead to a CPS report in the first place. Second, when families are reported to CPS, greater support is needed so that more children can stay safely with their families rather than being removed. Third, when CPS removes children from their families, we must ensure that the trauma and instability do not escalate, causing children to suffer and exacerbating their emotional and behavioral needs until it becomes difficult to find them a placement. These three recommendations are interrelated because children in and out of the foster care system rely on the same network of services for support. Therefore, if Texas focuses on expanding services that keep children safe and supported with their biological family, those services will also support children in foster homes around Texas.

**The Legislature can prevent children's challenges from escalating to the point of crisis by:**

- Stabilizing families by investing in mental health and substance use services and expanding Medicaid.
- Increasing access to services that can keep children with behavioral health concerns stable in a home, such as reducing waitlists for and expanding services available through the YES Waiver, expanding access to respite care, investing in Family Partners and Youth Peer Support, and developing pediatric mobile crisis teams around the state.
- Leveraging the federal Family First Act by expanding the definition of families eligible for prevention services (e.g., Multisystemic Therapy (MST)) and investing a state match to draw down federal funds.
- Rethinking DFPS' implementation of the QRTP pilot so all children who need short-term residential treatment for behavioral health have access to effective, high-quality care with transition services that will ultimately help children remain stable with a family.